1FW

TRANSMITTA	Docket No. SDF 04-14									
In Re Application Of: Studin										
Application No. Filing Date		Examiner	Customer No.	Group Art Unit	Confirmation No.					
10/829,316										
FEB 04 2008	Composition for the	Treatment of Scars								
THE PROPERTY OF	Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
ly A		37 CFR 1.97(b)								
1. The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.										
37 CFR 1.97(c)										
2. The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:										
☐ the	☐ the statement specified in 37 CFR 1.97(e);									
OR										
□ the	fee set forth in 37 CI	=R 1.17(ρ).								

TRANSMITTA	Docket No. SDF 04-14										
In Re Application of	: Studin										
Application No.	o. Filing Date Examine		er	Customer No.	Group Art Unit	Confirmation No.					
10/829,316	10/829,316 April 21, 2004			31764	1615						
Title: Method and Composition for the Treatment of Scars Payment of Fee											
 □ A check in the amount of is attached. ☑ The Director is hereby authorized to charge and credit Deposit Account No. 502156 as described below. □ Charge the amount of ☑ Credit any overpayment. ☑ Charge any additional fee required. □ Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 											
Certificate of Transmission by Facsimile* I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fa			Certificate of Mailing by First Class Mail I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on								
(Date)	Signature		Jan		rson Mailing Correspondence						
Typed or	Typed or Printed Name of Person Signing Certificate				nted Name of Person Mailing Certificate						
deposit acco	tes, P.C. vive, Suite 330	1	Dated:	January 30, 20	08						

cc: